

CLAIMS ONLY

Application Number

10/66 7019

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						
2		/					
3		/					
4		/					
5		/					
6		/					
7		/					
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49							
50							
Total Indep	22						
Total Depend	18						
Total Claims	20						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						